

## AAR Personalization Requirement

**Please print clearly.** \*Required information

This form should be used to:

- 1) change and existing requirement for this student:
- 2) delineate specific courses in a requirement which allows individual course selection: or,
- 3) add a new requirement to an area. This form should not be used to substitute one course for another. These types of changes should be documented on the SUBSTITUTION FORM.

When this AAR Personalized Requirement form is used, all courses for a requirement must be listed, because this information will replace the entire requirement as shown on the AAR.

STUDENT NAME*		
LAST / FAMILY / SURNAME(S)	FIRST / GIVEN NAME(S)	MIDDLE NAME(S)

UW-WHITEWATER ID NUMBER*					

DATE OF REQUEST*					
MONTH (MM)		DAY (DD)		YEAR (YYYY)	

AAR AREA: \_\_\_\_\_ AAR REQUIREMENT: \_\_\_\_\_ REQUIREMENT TERM: \_\_\_\_\_

- |  |  |  |
|--|--|--|
| 1) _____<br>Subject Area      Catalog No.  | 2) _____<br>Subject Area      Catalog No.  | 3) _____<br>Subject Area      Catalog No.  |
| 4) _____<br>Subject Area      Catalog No.  | 5) _____<br>Subject Area      Catalog No.  | 6) _____<br>Subject Area      Catalog No.  |
| 7) _____<br>Subject Area      Catalog No.  | 8) _____<br>Subject Area      Catalog No.  | 9) _____<br>Subject Area      Catalog No.  |
| 10) _____<br>Subject Area      Catalog No. | 11) _____<br>Subject Area      Catalog No. | 12) _____<br>Subject Area      Catalog No. |

AAR AREA: \_\_\_\_\_ AAR REQUIREMENT: \_\_\_\_\_ REQUIREMENT TERM: \_\_\_\_\_

- |  |  |  |
|--|--|--|
| 1) _____<br>Subject Area      Catalog No.  | 2) _____<br>Subject Area      Catalog No.  | 3) _____<br>Subject Area      Catalog No.  |
| 4) _____<br>Subject Area      Catalog No.  | 5) _____<br>Subject Area      Catalog No.  | 6) _____<br>Subject Area      Catalog No.  |
| 7) _____<br>Subject Area      Catalog No.  | 8) _____<br>Subject Area      Catalog No.  | 9) _____<br>Subject Area      Catalog No.  |
| 10) _____<br>Subject Area      Catalog No. | 11) _____<br>Subject Area      Catalog No. | 12) _____<br>Subject Area      Catalog No. |

DEPARTMENT / COLLEGE SIGNATURE*	DEPARTMENT / COLLEGE NAME (PRINTED)*	DATE*

*Submit this form to the appropriate college office for processing.*

Only completed forms will be accepted/processed.